COMBINED DECLARATION AND POWER OF ATTORNEY

Attorney Docket No.

LE-02/019

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

	Identity card" fication of which				
	(check one) is attached he	reto.			
	was filed on		as		
		Application Serial No.	and		
	was amended on (if applicable)				
			• • • •		
		was amended through	(if applicable)		
	state that I have reviewed an by any amendment referred t		the above identified specification, inclu	ding the claims, as	
I acknow Code of I	ledge the duty to disclose to the Federal Regulations, §1.56.	e Office all information know	n to me to be material to patentability as	defined in Title 37,	
certificate below an	e, or §365(a) of any PCT Intern d have also identified below,	ational application which design by checking the box, any fore	365(b) of any foreign application(s) for gnated at least one country other than the eign application for patent or inventor's tion on which priority is claimed:	United States, listed	
	Prior Foreign Application(s)			Priority Claimed	
	102 32 569.3	DE	18.07.2002	ox 🗆	
	(Number)	(Country)	(Day/Month/Year Filed)	Yes No	
	(Number)	(Country)	(Day/Month/Year Filed)	Yes No	
	(Number)	(Country)	(Day/Month/Year Filed)	□ □ Yes No	
I hereby o	claim the benefit under 35 U.S	.C. §119(e) of any United Stat	es provisional application(s) listed below	٧.	
	(Application No.)	(filing date)	-		
as the sub provided information	oject matter of each of the clai by the first paragraph of Tit on known to me to be material	ms of this application is not di le 35, United States Code, § to patentability as defined in T	of any United States application(s) listed sclosed in the prior United States applic 112, I acknowledge the duty to disclostic 37, Code of Federal Regulations, \$ and or PCT international filing date of the school	ation in the manner se to the Office all 1.56 which became	
	(Application Serial No.)	(Filing Date)	(Status)		
	(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

In the matter of the above-identified application, please recognize the attorneys associated with CUSTOMER NUMBER 23416; all of CONNOLLY BOVE LODGE & HUTZ LLP, as attorneys with full power of substitution to prosecute this application and conduct all business in the Patent and Trademark Office connected therewith.

Send Correspondence To: Connolly Bove Lodge & P.O. Box 2207 Wilmington, Delaware 19899-22		Direct Telephone Calls To: (302) 658-9141				
FULL NAME OF SOLE OR FIRST INVENTOR	INVENTOR: SIGNATURE	20 0	DATE			
Arno Schmuck	Mores 1	Ruuch	May 8, 2003			
RESIDENCE	, V		CITIZENSHIP			
Leverkusen, Germany			German			
Herscheid 6 i, D-42799 Leverkusen, Germany						
FULL NAME OF SECOND JOINT INVENTOR IF ANY Markus Geiger	INVENTOR'S SIGNATURE	911	DATE May 8, 2003			
RESIDENCE			CITIZENSHIP			
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FULL NAME OF FOURTH JOINT INVENTOR IF ANY	renthout, Belgium INVENTOR'S SIGNATURE		DATE			
RESIDENCE	CITIZENSHIP					
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FULL NAME OF FIFTH JOINT INVENTOR IF ANY INVENTOR'S SIGNATURE			DATE			
RESIDENCE			CITIZENSHIP			
POST OFFICE ADDRESS						
FULL NAME OF SIXTH JOINT INVENTOR IF ANY	FULL NAME OF SIXTH JOINT INVENTOR IF ANY INVENTOR'S SIGNATURE		DATE			
RESIDENCE	CITIZENSHIP					
POST OFFICE ADDRESS						
FULL NAME OF SEVENTH JOINT INVENTOR IF ANY	FULL NAME OF SEVENTH JOINT INVENTOR IF ANY INVENTOR'S SIGNATURE		DATE			
RESIDENCE	CITIZENSHIP					
POST OFFICE ADDRESS						
FULL NAME OF EIGHTH JOINT INVENTOR IF ANY	F EIGHTH JOINT INVENTOR IF ANY INVENTOR'S SIGNATURE		DATE			
RESIDENCE	CITIZENSHIP					
POST OFFICE ADDRESS						